

MAR 17 2006

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/608,293
	Filing Date	06/27/2003
	First Named Inventor	Matthew James Gallow
	Art Unit	1837
	Examiner Name	Catarina Heather
	Attorney Docket Number	CAL-CIP1
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Nuvelo, Inc		
Signature	<i>Renée S. Polizotto</i>		
Printed name	Renée S. Polizotto, Ph D		
Date	March 17, 2006	Reg No.	53,474

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Signature	<i>Renée S. Polizotto</i>		
Typed or printed name	Renée S. Polizotto, Ph D.	Date	March 17, 2006

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MAR 17 2006

PTO/SB/63 (01-08)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/608,293
Filing Date	08/27/2003
First Named Inventor	Matthew James Callow
Art Unit	1637
Examiner Name	Calamita, Heather
Attorney Docket Number	CAL-1CIP

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 34285

NOTE This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number

The reasons for this request are: We are no longer associated with Callida Genomics and do not represent the inventors

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal
2. ☒ Change the correspondence address and direct all future correspondence to
- ☐ The address associated with Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Callida Genomics				
Address	750 Pastoría Avenue				
City	Sunnyvale	State	CA	Zip	94085
Country	USA				
Telephone	408-739-2353			Email	
Signature	<i>Renée S. Pollzotto</i>				
Name	Renée S. Pollzotto, Ph D			Registration No	53,474
Date	March 17, 2006			Telephone No.	650-571-8000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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